

SPEED CLINIC

JULY 10-AUGUST 9

DEPARTMENT OF COMMUNITY SERVICES

Town Offices, 36 Bartlet Street, Andover, MA 01810
Phone: 978-623-8274 fax: 978-623-8275 www.andoverma.gov/dcs

Are you a serious athlete who wants to improve his/her skill performance with faster speed, quicker acceleration, faster lateral movement, and lightning reaction time, this program is for YOU.

The clinic focuses on balance, coordination, 20 and 40 yard dash, lateral speed, hip speed, 3 step explosion, jumping, quick feet, reaction techniques, and back pedaling. Over 150 Fun, Speed and Quickness drills to improve your skill performance in soccer, football, baseball, basketball, and lacrosse.

Speed Training Clinic features state of the art Quickness Training equipment including parachutes to improve form and speed, the bungee cord for improvement in the 20 yard and 40 yard dash, and the quick foot ladder for quicker feet and faster hips, and the resistor tow for power and strength.

The clinic, for girls and boys, ages 8-18 years old, will be held July 10 - August 9, Mondays and Wednesdays, 6-8 pm, Doherty Middle School Track. The fee is **\$110** for ten sessions. Non-resident's fee is \$10. Refunds will be given for withdrawals before June 1, 2006.

Director, Ken Brooks, has 28 years experience in several sports and has been specializing in Sports Performance in speed, agility and quickness for the past 10 years. Mr. Brooks is a nationally certified instructor in speed conditioning and a registered personal trainer.

Receipt # _____

Speed Clinic Registration

Applicant's Name _____ *only one name per form* / / age grade
date of birth

Address _____ Town/Zip _____

Home Phone _____ Daytime Phone _____

Please check all applicable: ☐ Resident ☐ Non-resident ☐ Parent works in Andover

Is there an updated **Emergency Information Sheet** on file in the DCS Office? Yes ☐ No ☐

Course # Course Name

Fee N/R Fee*

☐ 059 Speed Clinic \$110 _____

(\$10 non-resident fee*)

Circle method of payment: MasterCard Visa Check Cash Total \$ _____

Card Number _____ Expiration Date _____

Card Holder's Name/Signature _____